

PERSONAL FINANCIAL DISCLOSURE FORM

2007-678

2070065

1. FULL NAME T. Lee Horne, III	2. SPOUSE'S FULL NAME
3. RESIDENCE ADDRESS 67 Main Street Franklin, LA 70538	
4. SPOUSE'S OCCUPATION (if any)	
5. PRINCIPAL BUSINESS ADDRESS 67 Main Street, Franklin, LA 70538	

6. THIS REPORT COVERS CALENDAR YEAR 2007

7. CHECK IF AMENDED REPORT ☐

NOTE: Where amounts are required herein, indicate such amounts by use of one of the following categories:

- I - less than \$5,000;
- II - \$5,000 to \$24,999;
- III - \$25,000 to \$49,999;
- IV - \$50,000 to \$99,999;
- V - \$100,000 to \$199,999;
- VI - \$200,000 or more.

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FILED

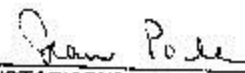
Use as many pages of each section of the form as are required. Machine copies of the form's pages may be used. Complete all sections (if not applicable, so indicate). Please type or print.

8. AFFIDAVIT

I do hereby certify, after having been first duly sworn, that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge, information, and belief.


PERSON FILING REPORT

Sworn to and subscribed before me this 7 day of September, 2007


NOTARY PUBLIC Jean P. Biche

PERSONAL FINANCIAL DISCLOSURE FORM

1. FULL NAME T. Lee Horne, III	2. SPOUSE'S FULL NAME
3. RESIDENCE ADDRESS 67 Main Street Franklin, LA 70538	
4. SPOUSE'S OCCUPATION (if any)	
5. PRINCIPAL BUSINESS ADDRESS 67 Main Street, Franklin, LA 70538	

6. THIS REPORT COVERS CALENDAR YEAR 2007

7. CHECK IF AMENDED REPORT X

NOTE: Where amounts are required herein, indicate such amounts by use of one of the following categories:

- I - less than \$5,000;
- II - \$5,000 to \$24,999;
- III - \$25,000 to \$49,999;
- IV - \$50,000 to \$99,999;
- V - \$100,000 to \$199,999;
- VI - \$200,000 or more.

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NOTARIAL
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JANUARY
2008

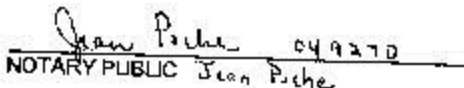
Use as many pages of each section of the form as are required. Machine copies of the form's pages may be used. Complete all sections (if not applicable, so indicate). Please type or print.

8. AFFIDAVIT

I do hereby certify, after having been first duly sworn, that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge, information, and belief.


PERSON FILING REPORT

Sworn to and subscribed before me this 4 day of September, 2007.


NOTARY PUBLIC Jean Piche

A. POSITIONS

The name, address of, position in, and amount of interest in each business in which you or your spouse (either individually or collectively) were a **director, officer, partner, member, or trustee** during the calendar year. (NOTE: For purposes of this section "business" is defined as any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF BUSINESS	3. POSITION	4. AMOUNT
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Amilda K. Horne, MD, PA 1316 Martin Luther King Pkwy Durham NC 27707-4604	Director	-0-
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Brumby Enterprises P O Box 999 Franklin, LA 70538	Officer & Director	49%
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Brumby Family Trust P O Box 999 Franklin, LA 70538	Trustee	11.11%
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Emerald Land Corporation 1100 Poydras St., Suite 2700 New Orleans, LA 70163	Director	.125%
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Emerald Land Partnership 1100 Poydras St., Suite 2700 New Orleans, LA 70163	Partner	.125%
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Horne Credit Shelter Trust P O Box 592 Franklin, LA 70538	Trustee	-0-
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Horne Marital Trust P O Box 592 Franklin, LA 70538	Trustee	-0-
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Horne Partnership P O Box 999 Franklin, LA 70538	Managing Partner	16.67%
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	James Lee Blake Jr. Trust P O Box 999 Franklin, LA 70538	Trustee	-0-
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Palfrey Properties, LLC 1316 Martin Luther King Pkwy Durham, NC 27707-4604	Director	-0-
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Neel Land Corporation P O Box 999 Franklin, LA 70538	Director	-0-

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A. POSITIONS

The name, address of, position in, and amount of interest in each business in which you or your spouse (either individually or collectively) were a director, officer, partner, member, or trustee during the calendar year. (NOTE: For purposes of this section "business" is defined as any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF BUSINESS	3. POSITION	4. AMOUNT
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Riggs Land Corporation P O Box 592 Franklin, LA 70538	Director	-0-
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B. BUSINESS INTERESTS

The name, address and amount of interest in each business with which your sole relationship during the calendar year was as an owner of an interest in excess of 10% held by you or your spouse (either individually or collectively). (NOTE: For purposes of this section "business" is defined as any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF BUSINESS	3. AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	NONE	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
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C. INCOME

The name, address, type and amount of each source of income in excess of \$1,000 received by you or your spouse (either individually or collectively) during the calendar year. "Income" means any income from whatever source derived, including but not limited to the following types: compensation for services, including fees, salaries, commissions, and similar items; income derived from business; gains derived from dealings in property; interest; rents; royalties; dividends; annuities; income from life insurance and endowment contracts; pensions; income from discharge of indebtedness; distributive share of partnership income; and income from interest in an estate or trust. For income from compensation, give a very brief description of the services rendered. For income from mental health, medical health, or legal services, if the disclosure of the source of the income would reveal the identity of a patient or client, then either mental health, medical health, or legal services should be given as the source.

1. INDIVIDUAL, SPOUSE OR BOTH	2. NAME AND ADDRESS OF SOURCE OF INCOME	3. TYPE	4. AMOUNT	5. DESCRIPTION OF SERVICES
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Brunby Chair Company P O Box 449 Marietta, GA 30061	Dividend	I	
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Brunby Family Trust P O Box 999 Franklin, LA 50838	Beneficiary share of income	II	
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Horne Partnership P O Box 999 Franklin, LA 70538	Manager Fee	II	Management and investment advice
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Horne Marital & Horne Credit Shelter Trusts P O Box 592 Franklin, LA 70538	Trustee Fee	I	Management and investment advice
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Rebel Land Corporation P O Box 592 Franklin, LA 70538	Director Fee	II	Management advice
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
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D. REAL ESTATE HOLDINGS

The address and a short description (i.e., size, use of land) of each parcel of real property having a fair market value in excess of \$2,000 in which you or your spouse (either individually or collectively) had an interest during the calendar year.

1. INDIVIDUAL, SPOUSE OR BOTH	2. ADDRESS OF REAL PROPERTY	3. DESCRIPTION
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	225 Sanders Street Franklin, LA 70538	Rental dwelling
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	67 Main Street Franklin, LA 70538	Residence and Office
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	NE 115 Street Bronson, FL 32621	Parcel
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		

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E. TRANSACTIONS

A brief description, the date, and amount of each purchase, sale, exchange, donation, or gift, other acquisition or disposition, in excess of \$1,000, by you or your spouse (either individually or collectively) during the calendar year in any real property, and of any stocks, bonds, commodities futures, or other forms of securities, including but not limited to, any option to acquire and/or dispose of any stocks, bonds, commodities futures, other forms of securities, negotiable instruments, movable or immovable property, or any other interest.

1. INDIVIDUAL, SPOUSE OR BOTH	2. DESCRIPTION	3. DATE	4. AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	NONE		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			
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F. LIABILITIES

The name, address, and amount of each liability in excess of \$10,000 owed to any creditor by you or your spouse (either individually or collectively) during the calendar year. (NOTE: Exclude any loan secured by a personal motor vehicle, household furniture, or appliances if such loan does not exceed the purchase price of the item that secures it.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF CREDITOR	3. AMOUNT
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	American Express P O Box 360001 Ft. Lauderdale, FL 33336-0001	II
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Mastercard - Chase Bank P O Box 36520 Louisville, KY 40233-6520	II
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Bank of America P O Box 15026 Wilmington, DE 19850-5026	II
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